
Preface

This unit tests **household** (MA Extensions Unit) members against most of the eligibility requirements they must meet individually.

Be sure to check out the definition of **under the care** (3.3.0). Don't assume that a **caretaker** (3.2.0) of a child also has the child under his/her care.

Persons in a **community residential confinement program** are confined to their home or to another place of residence designated by the Wisconsin Department of Corrections. The Department electronically monitors these persons to make sure they are in the place they are supposed to be.

A **recipient** is a person who was covered by MA for either the month you're determining eligibility for or the month before the month you're determining eligibility for.

An **SSI recipient** is eligible for SSI and (1) is actually receiving SSI benefits or (2) would be receiving benefits except for recoupment. S/he is not an SSI recipient if s/he is eligible but hasn't yet received benefits.

In prospective determinations, the payment month can be the same as the income and/or process months. In retrospective determinations, the payment month always follows the income and process months.

Screen

26.5.2

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| 01. | Is this person a newborn child who is under age 13 months? <u>If yes</u> , go to 02. <u>If no</u> , go to 05. | ANID, ANIQ |
| 02. | Was this child's mother certified for MA at the time of birth? <u>If yes</u> , go to 03. <u>If no</u> , go to 05. | AQIE |
| 03. | Has this child been continuously living with his/her birth mother since birth? <u>If yes</u> , go to 04. <u>If no</u> , go to 05. | ANNB |

04. Was the child's mother certified for MA:
- a. Under the Presumptive Eligibility program, or
 - b. As an ineligible alien?

If yes, go to 05.

If no, this child is eligible to receive the same level of MA as his/her mother. Go to the Eligibility/Review Date Unit.

05. Is this person an SSI recipient? ANBR

If yes, go to 06.

If no, go to 09.

10.1.0

06. Has this person resided in, or is s/he likely to reside in, a **medical institution** for 30 days or more? ANLA,ANII

If yes, go to 07.

If no, go to 08.

07. Will SSI discontinue this person because of the financial effect of his/her residence in the medical institution?

If yes, go to 09.

If no, go to 08.

9.0.0

08. Except for any **MA extension(s)** this person is entitled to, s/he is ineligible in this determination. (When you reach your financial decision for the rest of the household, you will receive instructions for how to keep an MA extension this person is entitled to.) S/he is still eligible for MA through his/her eligibility for SSI. Go to 51.

09. Did you find this person eligible for an MA extension in the MA Extensions Unit ("Yes" is circled in this person's column in any section of the MA Extensions worksheet.)

If yes, this person's individual testing is complete, and s/he is eligible thus far. Go to 51.

If no, go to 10.

10. Is this person a foster child whose eligibility you decided in the Initial Unit?

If yes, this person's individual testing is complete, and s/he is eligible thus far. Go to 51.

If no, go to 11.

14.0.0

11. Has anyone failed to remove a **divestment** which had been previously determined?

If yes, pick one of these persons and go to 12.

If no, go to 13.

12. The person who divested the property and all household members for whom s/he is legally responsible are ineligible in this determination. Go to 51.

13. Does this person want to be voluntarily excluded?

If yes, exclude this person. S/he is ineligible in this determination. S/he may be added to the **fiscal group** later. Got to 51.

If no, go to 14.

AFDC-Related Fiscal
Group

10.1.1

14. Has this person resided in, or is s/he likely to reside in, an **institution for mental disease (IMD)** for 30 days or more?

If yes, go to 15.

If no, go to 18.

15. Is this person at least 22 years old but less than 65 years old?

If yes, this person isn't eligible. Go to 51.

If no, go to 16.

16. Is this person 21 years old?

If yes, go to 17.

If no, go to 22.

17. Has this person been residing in the IMD since at least age 20?

If yes, go to 22.

If no, this person isn't eligible. Go to 51.

18. Is this person a participant in a community residential confinement program?

ANLA

If yes, go to 20.

If no, go to 19.

Initial Unit

19. Is this person an **inmate of a public institution**?

ANLA

If yes, s/he isn't eligible in this determination.
Go to 51.

If no, go to 20.

20. Does this person live in the household?

ANLA

If yes, go to 22.

If no, go to 21.

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| 3.6.0 | 21. | Is this person temporarily absent from the household? | |
| | | <u>If yes</u> , go to 22. <u>If no</u> , this person isn't eligible. Go to 51. | |
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| 2.2.0 | 22. | Is this person an ineligible alien ? | ANDA, ANAR |
| | | <u>If yes</u> , this person isn't eligible. Go to 51. <u>If no</u> , go to 23. | |
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| | 23. | Is this person an AFDC recipient for the payment month? | AGEC |
| | | <u>If yes</u> , his/her individual testing is complete, and s/he is eligible thus far. Go to 51. <u>If no</u> , go to 24. | |
| | | | |
| | 24. | Is this person an MA recipient for the payment month (including receiving MA because of receiving SSI)? | AGEC |
| | | <u>If yes</u> , his/her individual testing is complete, and s/he is eligible thus far. Go to 51. <u>If no</u> , go to 25. | |
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| | 25. | Does this person have a social security number (SSN)? | ANID |
| | | <u>If yes</u> , go to 28. <u>If no</u> , go to 26. | |
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| | 26. | Is this person a preadoptive infant who's residing in a foster home while awaiting adoption? | |
| | | <u>If yes</u> , go to 29. <u>If no</u> , go to 27. | |

Individual Unit

Screen

27. Is this person or this person's caretaker cooperating with the agency in applying for an SSN?

ANDC

If yes, go to 29.

If no, this person is ineligible until s/he or his/her caretaker cooperates. Go to 51.

28. Does this person or this person's caretaker refuse to furnish his/her SSN?

ANDC

If yes, this person is ineligible until s/he or his/her caretaker cooperates. Go to 51.

If no, go to 29.

29. Is this person covered by health insurance?

AFMC,AFMI

If yes, go to 30.

If no, go to 36.

30. Does this person or this person's caretaker have the power to provide health insurance information about this person?

If yes, go to 31.

If no, go to 36.

31. Is this person or this person's caretaker cooperating with the agency in providing the health insurance information?

If yes, go to 36.

If no, go to 32.

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| 7.3.0 | 32. | Is there good cause for not cooperating? <u>If yes</u> , go to 36. <u>If no</u> , go to 33. | Screen |
| 3.2.0 | 33. | Is this person a caretaker of a minor or an 18-year-old in the household? <u>If yes</u> , go to 34. <u>If no</u> , go to 35. | ANHR |
| | 34. | Is this caretaker a minor or 18-year-old? <u>If yes</u> , s/he is eligible thus far. Go to 51. <u>If no</u> , s/he is ineligible until s/he cooperates. Go to 51. | |
| 3.1.2 | 35. | Is this person a minor or an 18-year-old? <u>If yes</u> , s/he is eligible thus far. Go to 51. <u>If no</u> , s/he is ineligible until s/he cooperates. Go to 51. | ANID |
| 7.2.3 | 36. | Has the Child Support Agency informed you in writing that the caretaker has failed to cooperate in providing medical support liability information? <u>If yes</u> , go to 37. <u>If no</u> , go to 42. | APNC |
| | 37. | Is there good cause for not cooperating? <u>If yes</u> , go to 42. <u>If no</u> , go to 38. | |

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| 7.4.0 | 38. | Is this a pregnant woman ? <u>If yes</u> , she is eligible thus far. At the end of the month of the 60th day on which her pregnancy ends, she becomes ineligible if she does not cooperate. Go to 51. <u>If no</u> , go to 39. | ANIQ,ANPI |
| | 39. | Is this person a caretaker of a minor or dependent 18-year-old in the household? <u>If yes</u> , go to 40. <u>If no</u> , go to 41. | ANHR |
| | 40. | Is this caretaker a minor? <u>If yes</u> , s/he is eligible thus far. Go to 51. <u>If no</u> , s/he is ineligible until s/he cooperates. Go to 51. | |
| | 41. | Is this person a minor or dependent 18-year- old? <u>If yes</u> , s/he is eligible thus far. Go to 51. <u>If no</u> , s/he is ineligible until s/he cooperates. Go to 51. | ANID |
| 4.6.0 | 42. | Is this person the natural or adoptive parent of a minor or dependent 18-year-old in the household? <u>If yes</u> , go to 46. <u>If no</u> , go to 43. | ANHR |
| 3.1.13 | 43. | Is this person a stepparent of a minor or dependent 18 year old in the house- hold? <u>If yes</u> , go to 46. <u>If no</u> , go to 44. | ANHR |

Individual Unit

Screen

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| | 44. | Is this person a pregnant woman (medically verified)? <u>If yes</u> , she is eligible thus far. Go to 51. <u>If no</u> , go to 45. | ANIQ,ANPI |
| | 45. | Is this person both age 19 or over and a caretaker of a minor or dependent 18 year old in the household? <u>If yes</u> , go to 46. <u>If no</u> , go to 47. | ANID,ANHR |
| 3.3.0 | 46. | Does this person have a minor or dependent 18 year old under his/her care ? <u>If yes</u> , his/her individual testing is complete, and s/he is eligible thus far. Go to 51. <u>If no</u> , go to 47. | ANHR |
| | 47. | Is this person a minor or an 18 year old? <u>If yes</u> , s/he is eligible thus far. Go to 51. <u>If no</u> , go to 48. | ANID,ANHR |
| 3.4.0 | 48. | Is there a written request to designate this person as an essential person ? <u>If yes</u> , this person's individual testing is complete, and s/he is eligible thus far. Go to 51. <u>If no</u> , go to 49. | |
| 5.0.0 | 49. | Is this person age 65 or over, blind , or disabled ? <u>If yes</u> , his/her individual testing is complete, and s/he is eligible thus far. Go to 51. <u>If no</u> , go to 50. | ANIQ,ANDI |

50. Is this the **primary person**?

ACCH

If yes, his/her individual testing is complete, and s/he is eligible thus far. Go to 51.

If no, s/he isn't eligible in this determination, but may be eligible as the primary person on a separate determination. Go to 51.

51. Is there another household member in this determination that you haven't tested yet?

If yes, go back to step 01 and begin testing a household member you haven't tested yet.

If no, do the following:

- a. In the "Individual" section of the worksheet, circle "P" (pass) in the column of each person for whom you were told: "This person's individual testing is complete."
- b. In the same section, circle "F" (fail) in the column of each person you were told is ineligible in this determination.
- c. Go to 52.

52. Is at least one household member in this determination still eligible?

If yes, go to the Sanctions Unit.

If no, you are done with this determination.